

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	Zm	48 927	1/31/01 04/03/01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ↓ ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1	✓ J
2	✓ ✓
3	✓ ✓
4	N N
5	N N
6	N N
7	N N
8	N N
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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Oa  
1/31/01